COUNTY OF LOS ANGELES

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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 738-4601 Fax: (213) 386-1297

529

May 21, 2007

TO:

Each Supervisor

FROM:

Marvin J. Southard, D.S.W.

Director of Mental Health

SUBJECT: TRANSITIONAL LIVING CENTER BOARD MEETING APPEARANCE

This is to advise you that the Department of Mental Health (DMH) has been informed that 40 or more constituents may appear at the Board of Supervisors meeting on Tuesday, May 22, 2007, to request that your Board restore funding for day treatment services at Transitional Living Centers for Los Angeles County, Inc. (TLC) in the hopes that TLC will reverse its decision to close the entire TLC program.

TLC, a DMH contractor since 1978, currently has two contracts:

- 1. The Mental Health Services contract funds two types of residential programs: one transitional residential facility serving up to a total of 16 persons, and a semi-independent living program serving up to 12 persons. This contract also includes outpatient mental health services and socialization and vocational day treatment programs, all provided primarily to persons in the TLC residential programs. The total Maximum Contract Amount (MCA) for the Mental Health Services contract is \$1,667,702, including projected Medi-Cal revenue for its Medi-Cal reimbursable services. Of this MCA, \$558,310 funds the socialization and vocational components that are not Medi-Cal reimbursable.
- The <u>Community Care Residential Facility</u> (CCRF) contract subsidizes room and board costs for uninsured persons in residential programs, pending receipt of Supplemental Security Insurance (SSI).

In Fiscal Year (FY) 2004-2005, due to a deficit in County General Funds, it was necessary for DMH to plan for reductions to achieve a balanced budget. After an extensive planning process involving hundreds of clients, providers of services, community representatives and other stakeholders, a plan was developed to curtail various services, including non-categorical County General Fund-supported day treatment, in light of emerging best practices in mental health care that instead focus on recovery activities that are community and culturally responsive. In contrast, the

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traditional day treatment services frequently offer long-term care with limited support of clients' recovery and independence.

In FY 2006-2007 the Department began implementing the curtailment plan (see Attachment I) by working with impacted agencies, including TLC, to transform these day treatment services into new, recovery-oriented programs consistent with the models developed through a stakeholder planning process and contained in the County's State-approved MHSA Community Services and Supports Plan. A number of agencies with day treatment services have made major changes in their programs, developing Wellness/Recovery Centers that rely on clients directing their recovery plans and on clients in recovery providing a portion of the Centers' services. These Centers support the health of the whole person, both physical and mental; education and employment; stability in housing; and clients' involvement in their own recovery and that of others as well as in community activities. In addition to qualifying for MHSA funding, these programs are able to generate Medi-Cal revenue for any Medi-Cal reimbursable services that are provided.

Departmental staff worked with TLC management for several months to develop a new program that, instead of day treatment, would provide services that meet the needs of the clients served by TLC, embody MHSA principles and continue to support the residential program at the same level of funding (Attachment II). However, because of their commitment to continue the services they have been providing over the years without any substantial change, the management of TLC declined to transform their day treatment services. DMH proceeded to implement the curtailment plan by developing an amendment to its contract with TLC to remove funding for socialization and vocational day treatment services. Rather than agreeing to this amendment, on April 23, 2007 TLC management notified the Department of their intent to terminate both their Mental Health Services and CCRF contracts effective May 31, 2007.

In reviewing the events that have transpired, it is important to understand that at no time was there the intention on the part of the Department to reduce or curtail TLC's residential programs.

The MHSA represents an opportunity for our mental health service delivery system to refocus services and build supports that allow service providers to partner with clients, their families and their communities to provide, under client and family direction, whatever it takes to enable people to attain their goals toward recovery. With the support of the MHSA, over recent years DMH has expanded its array of services and residential programs that serve individuals needing enhanced support while transitioning to the community from more structured settings such as Institutions for

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Mental Disease (IMD), jail and acute care inpatient facilities; and individuals who are homeless.

The Department has responded to correspondence from clients, family members and TLC staff regarding concerns about TLC's decision to terminate their contracts and offered assistance to those who needed to find alternative sources of care. The Department understands that the closure of TLC will be difficult for its clients and staff and will make every effort to work collaboratively with TLC management to ensure that clients and their families are supported in making their transitions to other services and residences within our system of care.

MJS:JCA:LG:lg

Attachments

c: Chief Administrative Officer Executive Officer, Board of Supervisors County Counsel Health Deputies

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ATTACHMENT I

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W. Director

SUSAN KERR Chief Deputy Director

RICK SHANER, M.D.

al Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS GLORIA MOLINA YVONNE B. BURKE ZEV YAROSLAVSKY DON KNABE MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.info

Reply To: (213) 738-4601

(213) 386-1297

Fax:

December 18, 2006

TO:

Health Deputies

FROM:

Marvin J. Southard, D.S.W.

Director of Mental Health

SUBJECT:

CURTAILMENT OF ADULT DAY

This is to outline the Department of Mental Health's (DMH) plan to implement a reduction in Adult Day Treatment Services supported by County General Funds (CGF) that was included in the Department's Budget Reduction Proposal for Fiscal Year (FY) 2006-07. Initial plans for curtailment of CGF-Day Treatment Services were approved by DMH Stakeholders and the Board of Supervisors for FY 2005-06, but were postponed with the availability of one-time funds.

Day Treatment is an outdated model of service that is no longer supported by research and does not contribute to client recovery. The Department plans to transform the funding associated with Day Treatment services to recovery-oriented services, funded through the Mental Health Services Act. Since this involves modifying service delivery, the Department is developing plans with each of the impacted providers to modify their services accordingly.

The attached chart identifies contracted programs recommended for transformation, and the existing and proposed funding and program services.

We invite your feedback and discussion prior to moving forward on this matter.

MJS:sem

Attachment

C:

Jeremy Cortez

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COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH BUDGET & FINANCIAL REPORTING DIVISION BUDGET REDUCTION PLAN - ITEM 15 DAY TREATMENT FY 2007/08

Provider Name	Supervisorial District	Other CGF Reduction	Increase MHSA Plan II	Variance
Asian Rehabilitation Services, Inc.	1&2	\$ (191,777)	\$ 191,777	\$ -
B.R.I.D.G.E.S., Inc.	1,3, &5	(180,241)	180,241	2.■
ENKI Health and Research Systems, Inc.	1,4, &5	(171,847)	171,847	-
Gateways Hospital and Mental Health Ctr	2&3	(129,320)	129,320	-
Health Quality Management Group	All	(293,892)	293,892	-
Kedren Community Mental Health Center	2	(43,997)	43,997	-
Pacific Clinics	1	(38,423)	38,423	24
Special Service for Groups	1,2, &4	(134,840)	134,840	12
Transitional Living Centers	284	(558,310)	558,310	
T(· L		\$ (1,742,647)	\$ 1,742,647	\$ -

TRANSITIONAL LIVING CENTERS OF LOS ANGELES COMPARISON OF CURRENT AND PROPOSED SERVICES

CURRENT SERVICES	PROPOSED SERVICES
ADULT TRANSITIONAL RESIDENTIAL	ADULT TRANSITIONAL RESIDENTIAL
SEMI-INDEPENDENT LIVING	SEMI-INDEPENDENT LIVING
VOCATIONAL/SOCIALIZATION DAY TREATMENT • Vocational Workshops including: -Job Preparation/Search	 WELLNESS/RECOVERY ACTIVITIES Medication Services Physical health screenings and linkage to healthcare services with a focus on
 -Employment Resources -Housing -Finances/Money Management Socialization Workshops including: -Peer Relations 	 identifying clients at risk for developing healthcare problems. Healthy living groups and activities geared toward health education and health behavior change including: -weight management/healthy, affordable diets -sleep and hygiene
-Socialization Skills -Health/Hygiene -Addictions	 -accessing and communicating with health providers -cholesterol and diabetes management -STD prevention
-Job Survival Skills -Stress Management -Symptom Management	 Group/Individual services and linkage to education and employment services Ongoing Support for Employment including -develop job goals
-Self-Improvement	-identify and address job issues/job attitudes -employment support
	-Innances/money management -communication skills -interpersonal skills
	-typing/computer training - Inkage and collaboration with Dept. of Rehabilitation
	 Relapse prevention services/supports for clients with histories of co-occurring substance and mental health disorders.
	 Peer-run and Peer-Supported Services including -Community Integration/Community Outings -Wellness Recovery Action Planning (WRAP)
OUTPATIENT MENTAL HEALTH SERVICES	OUTPATIENT MENTAL HEALTH SERVICES
Individual/Group services Targeted Case Management	Individual/Group services Tarreted Case Management
Medication Support	Medication Support
Crisis Intervention	 Crisis Intervention